

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT'S

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	CV					
12	0					
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TOTAL DATA		↓	2	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS		15				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL DATA		↓			↓	
TOTAL DEP.			↓			↓
TOTAL CLAIMS		←			←	